Background: Formal training in community health has been shown to be associated with increased rates of pediatricians’ involvement in the field. Instituting specific community health/advocacy rotations has been challenging for many pediatric programs given that most faculty lack formal advocacy and community health training. Our program has an established community health and advocacy rotation which is completed in the PGY1 year. A longitudinal experience was lacking for those residents interested in pursuing a career with a focus in Community Health and Advocacy.

In order to provide an opportunity for further work in this emerging field, the new individualized curriculum requirement and our relationship with the UIC School of Public Health we developed the Community Health and Advocacy Track.

Goals of the Curriculum
1. By gaining the tools needed to assess their community and partnering with community organizations, residents understand its needs and assets.
2. To impart on residents the knowledge and skills to be effective community pediatricians.

Program Objectives
1. Through the design and implementation of a longitudinal community project, residents will develop skills in community assessment, engagement, and scholarship.
2. CHAT residents gain skills in areas of community engagement and assessment; health promotion and program evaluation; social determinants of health; grant writing; and the dissemination of ideas.

Resident/Fellow Learning Objectives
1. They develop collaborations within their community and learn the principles of Community-Based Participatory Research.
2. They develop proficiency in presentation skills and learn to communicate in a scholarly way.
3. They learn the importance of sustainability in community work and develop plans to sustain their efforts after completion of their residency.

Educational Strategies/Activities
1. CHAT residents complete the UIC School of Public Health (SPH) Community Health Sciences certificate coursework and develop and implement a mentored longitudinal project.
2. Residents develop a proposal including study design, community needs, feasibility and evaluation and submit an application for funding.
3. Residents educate the pediatric community on issues impacting children’s health by leading two case-based advocacy-focused resident conferences and presenting their work at Grand Rounds.

Learner Assessment
1. Residents’ performance in their UIC SPH coursework is assessed by their course evaluations, written papers, and test scores.
2. CHAT directors and faculty mentors provided residents with quarterly assessments based on their progress on their scholarly projects.
3. CHAT residents receive feedback from faculty on their teaching and presentation skills through a formal assessment rubric.

Program Evaluation
1. Formal program evaluation is conducted annually via surveys of the residents, faculty mentors, and community partners.
2. Informal feedback is solicited on an ongoing basis to address issues in a timely manner.
3. We plan to compare the number of residents pursuing

Implementation
Collaborators:
1. UIC SPH Community Health Sciences Division
2. Faculty Mentors
3. Contacts at local AAP Chapter
4. National pediatric faculty contacts and the Community Pediatrics Training Initiative (CPTI) of the AAP.

Lessons Learned
1. It is critical to carefully consider the academic performance and professionalism of CHAT applicants, as time management and relationship-building are key to the success of scholarly projects.
2. Residents must demonstrate a high level of self-motivation prior to be considered for the program.
Community Health and Advocacy Track (CHAT): Pediatric Residents Empowering Communities
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Careers with a focus on community pediatrics and advocacy before and after the program’s inception in 2014.

Resources:
1. CPTI website and Community Pediatrics Curriculum and Toolkit, CPTI, 2005
2. CATCH program
3. Residency support and flexibility of schedule
4. Not only do CHAT residents improve their understanding of community pediatrics and advocacy through CHAT, but this extends to their non-CHAT colleagues.

UIC School of Public Health Advanced Community Public Health Practice Certificate:

The Advanced Community Public Health Practice Campus Certificate targets individuals with a bachelor's degree who are currently working in community, public health, or other related fields and whose current or future position requires advanced skills in applying advanced knowledge and expertise in assessing and addressing health problems in the community.

Public Health Policy and Advocacy: CHSC 430 provides the frameworks and tools for understanding, developing and analyzing public health policy issues and processes.

Public Health Planning and Evaluation: CHSC 433 covers the major aspects of planning and evaluation for community health programs, including proposal development and evaluation and considerations for community/consumer involvement in planning efforts.

Research Methods in Community Health: CHSC 446 provides an introduction to principles and techniques for scientific investigation of problems in public health research and practice. Completion of a graduate level introductory course in Biostatistics (such as BSTT 400 or its equivalent) is a prerequisite for CHSC 446.

Health Education and Health Promotion: CHSC 480 covers theories of health education and health promotion interventions for public health professionals, including approaches for individual, group and community-level behavior change.

Maternal and Child Health Policy and Advocacy: CHSC 543 explores the social, economic and political dynamics which influence the development and implementation of maternal and child health policy and US health policy in general.

Resources:


